

* **Opinion ONLY - Not legal advice -**
 Follow all directions. Add YOUR explanatory statement of status.

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD	First john (all lower case)	Full Middle Name henry	Last doe
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First john	Full Middle Name xhenry	Last doe
	OTHER NAMES USED	whatever might apply (lower case)		

2	Social Security number previously assigned to the person listed in item 1	1	2	3	-	4	5	-	6	7	8	9
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Yours ↙

3	PLACE OF BIRTH <u>sacramento</u> <u>california</u> <u>USA</u> <small>(Do Not Abbreviate) City State or Foreign Country</small>	Office Use Only	4	DATE OF BIRTH <u>03-01-1995</u> <small>MM/DD/YYYY</small>
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5	CITIZENSHIP <small>(Check One)</small>	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)	<input checked="" type="checkbox"/> Other (See Instructions On Page 3)
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6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Californian American National	<input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White
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state this only ↙

8	SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
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9	A. PARENT/ MOTHER'S NAME AT HER BIRTH <small>write lower case name</small>	First	Full Middle Name	Last		
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)	[] [] []	-	[] [] []	-	[] [] [] [] [] []

10	A. PARENT/ FATHER'S NAME <small>write lower case name</small>	First	Full Middle Name	Last		
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)	[] [] []	-	[] [] []	-	[] [] [] [] [] []

11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input checked="" type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)
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12	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last
		john (all lowercase)	henry	doe

13	Enter any different date of birth if used on an earlier application for a card	_____ <small>MM/DD/YYYY</small>
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14	TODAY'S DATE <small>current date</small> _____ <small>MM/DD/YYYY</small>	15	DAYTIME PHONE NUMBER <small>give one</small>	_____ <small>Area Code Number</small>
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16	MAILING ADDRESS <small>(Do Not Abbreviate)</small>	Street Address, Apt. No., PO Box, Rural Route No. in care (your address) City <u>las vegas</u> State/Foreign Country <u>nevada usa</u> ZIP Code <u>[00000]</u>
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Leave as "0's" ↙

17 YOUR SIGNATURE <i>without us, Last, First-middle All Rights Reserved</i>		18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input checked="" type="checkbox"/> Other Specify <u>see attached</u>	
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DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)									
NPN	DOC	NTI	CAN	ITV					
PBC	EVI	EVA	EVC	PRA					
EVIDENCE SUBMITTED									
SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW									
DATE									
DATE									